

EXHIBIT F

DEPARTMENT OF HEALTH

CITY OF NEW YORK

CERTIFICATE OF BIRTH REGISTRATION

Certificate of Birth

FILED

156-56-348850

Certificate No.

1. Full name of child (PRINT)		John	Francis	Jarmyn
		First name	Middle name	Last name
2. Sex	3. Number of children born of this pregnancy	4. Date of child's birth	5. Time of birth	6. AM or PM
Male	One	56	11:20	
7. PLACE OF BIRTH				
(a) NEW YORK CITY (b) Borough Brooklyn				
(c) Name of Hospital or Institution Unity Hospital				
(d) If not in hospital, street address No.				
8. USUAL RESIDENCE OF MOTHER				
(a) State New York				
(b) Co. Kings				
(c) Town Brooklyn				
(d) No.				
9. FATHER		10. MOTHER		
Full name Raymond Martin Jarmyn		Full name Margaret Kelly		
11. Color of face White	12. Age at time of this birth 28 (years)	13. Color of face White	14. Age at time of this birth 29 (years)	
15. Birthplace (city, or place and State, or country) USA		16. Birthplace (city, or place and State, or country) USA		
17. Usual Occupation Fireman		18. Total number of children BORN ALIVE PREVIOUS to this pregnancy Two		
19. Kind of business or industry in which work was done N. Y. C. Fire Dept.		20. Number of children born PREVIOUS to this pregnancy and NOW LIVING Two		
I hereby certify that this child was born alive at the hour and on the date stated above, and that all the facts stated in this certificate are true to the best of my knowledge, information and belief.				
Given name added from a supplemental report (Date of)		Signed <i>Donald Jarmyn</i>		
Borough Registrar		Address 589 Eastern Pkwy		
		Date of Report 11/18 1956		
Print here the mailing address of mother. ➡				
Copy of this certificate will be mailed to her when it is filed with the Department of Health.				
Name Mrs. M. Jarmyn				
Address [Redacted] Apt. [Redacted]				
City Brooklyn; New York State				
BUREAU OF RECORDS AND STATISTICS DEPARTMENT OF HEALTH THE CITY OF NEW YORK				